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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number      SNPKX 108  
First Name and Inventor      Ronald J. Schnipke, et al.

**COMPLETE IF KNOWN**

Application Number      /

Filing Date

Art Unit

Examiner Name

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ROBOTIC LOADER FOR SURGICAL STAPLING CARTRIDGE

*(Title of the Invention)*

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)      as United States Application Number or PCT International

Application Number      and was amended on (MM/DD/YYYY)      (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	002555	OR	<input checked="" type="checkbox"/>	Correspondence address below	
Name Jason H. Foster Kremblas, Foster, Phillips & Pollick							
Address 7632 Slate Ridge Boulevard							
City Reynoldsburg		State Ohio		ZIP 43068			
Country U.S.A.		Telephone 614/575-2100			Fax 614/575-2149		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Ronald J.				Family Name or Surname Schnipke			
Inventor's Signature <i>Ronald J. Schnipke</i>				Date 12-27-01			
Residence: City Cloverdale		State Ohio		Country U.S.A.		Citizenship U.S.	
Mailing Address 14503 Road 24, Route 1							
City Cloverdale		State Ohio		ZIP 45827		Country U.S.A.	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) David B.				Family Name or Surname Erhart			
Inventor's Signature <i>David B Erhart</i>				Date 12-27-01			
Residence: City Kalida		State Ohio		Country U.S.A.		Citizenship U.S.	
Mailing Address 645 Hickory Street							
City Kalida		State Ohio		ZIP 45853		Country U.S.A.	
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Ronald J. Schnipke
Title	Robotic Loader for Surgical Stapling Cartridge
Group Art Unit	
Examiner Name	
Attorney Docket Number	SNPKX 108

I hereby appoint:

☐ Practitioners at Customer Number  
**OR**

☒ Practitioner(s) named below:

002555 →

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Name	Registration Number
Jason H. Foster	39,981
Francis T. Kremblas, Jr.	22,773
Frank H. Foster	24,560
Patrick P. Phillips	29,690

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Telephone 614/575-2100 Fax 614/575-2149

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Ronald J. Schnipke

Signature

Date

12/21/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Philip J. Pollick	29,692
Richard E. Halsey	46,752

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Name Ronald J. Schnipke

Signature

*Ronald J. Schnipke*

Date

12/29/01

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Name David B. Erhart

Signature

*David B. Erhart*

Date

12-27-01

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